

DMV Lane Technician Observation Report

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|--|----------------------|--------------------------------------|-------------------------------------|
| DMV Technician: <u>DAVE FLEMING</u> | | Position: <u>(1)</u> or 2 | |
| Station: <u>DOVER</u> | Date: <u>7/25/12</u> | Time: <u>1300</u> | |
| Vehicle Make: <u>FORD</u> | Model: <u>F150</u> | Year: <u>2005</u> | |
| GVWR: | Fuel Type: <u>G</u> | Registration Number: <u>VN48465</u> | |
| Auditor: <u>DOSSIER</u> | | <u>(Covert)</u> / Overt (circle one) | |
| | | YES | NO |
| 1. Did technician check vehicle paper work and verify VIN number? | | <input checked="" type="checkbox"/> | |
| 2. Was Emissions testing required? | | <input checked="" type="checkbox"/> | |
| a) Was Emissions testing performed using OBD? | | <input checked="" type="checkbox"/> | |
| b) Was Emissions testing performed using Analyzer Probe? | | | <input checked="" type="checkbox"/> |
| c) Was Emissions testing performed using Paddle(s)? | | | <input checked="" type="checkbox"/> |
| d) Was Emissions testing performed using Clip? | | | <input checked="" type="checkbox"/> |
| 3. Was Catalytic Converter inspection required? | | | <input checked="" type="checkbox"/> |
| a) Was Catalytic Converter inspection performed? | | | <input checked="" type="checkbox"/> |
| 4. Was Fuel Tank pressure testing required? | | | <input checked="" type="checkbox"/> |
| a) Was Fuel Tank pressure testing performed? | | | <input checked="" type="checkbox"/> |
| 5. Was Fuel Cap pressure testing required? | | | <input checked="" type="checkbox"/> |
| a) Was Fuel Cap pressure testing performed? | | | <input checked="" type="checkbox"/> |
| 6. Is this test a Re-check from a prior failure? | | | <input checked="" type="checkbox"/> |
| a) Which re-check test is being performed? 1 2 3 (circle one) | | | <input checked="" type="checkbox"/> |
| b) If this is re-check #3, was repair paperwork verified for waiver? | | | <input checked="" type="checkbox"/> |
| New Castle and Kent Counties Only | | | |
| 7. Was Two-Speed Idle testing required? | | | <input checked="" type="checkbox"/> |
| a) Was Two-Speed Idle testing performed? | | | <input checked="" type="checkbox"/> |
| Sussex County Only | | | |
| 8. Was Curb Idle testing required? | | | <input checked="" type="checkbox"/> |
| a) Was Curb Idle testing performed? | | | <input checked="" type="checkbox"/> |
| Comment: | | | |
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Original 08/06/2009

DMV Lane Technician Observation Report

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| DMV Technician: <u>DAVE TAULBEE</u> | | Position: <u>1</u> or 2 | |
| Station: <u>DOVER</u> | | Date: <u>7/25/12</u> | Time: <u>1330</u> |
| Vehicle Make: <u>FORD</u> | | Model: <u>BRONCO</u> | Year: <u>1995</u> |
| GVWR: <u>6300</u> | Fuel Type: | Registration Number: <u>0676237</u> | |
| Auditor: <u>DOSSERT</u> | | <u>Covert</u> /Overt (circle one) | |

| | YES | NO | N/A |
|--|-----|----|-----|
| 1. Did technician check vehicle paper work and verify VIN number? | ✓ | | |
| 2. Was Emissions testing required? | ✓ | | |
| a) Was Emissions testing performed using OBD? | | ✓ | |
| b) Was Emissions testing performed using Analyzer Probe? | ✓ | | |
| c) Was Emissions testing performed using Paddle(s)? | ✓ | | |
| d) Was Emissions testing performed using Clip? | | ✓ | |
| 3. Was Catalytic Converter inspection required? | ✓ | | |
| a) Was Catalytic Converter inspection performed? | ✓ | | |
| 4. Was Fuel Tank pressure testing required? | | ✓ | |
| a) Was Fuel Tank pressure testing performed? | | | ✓ |
| 5. Was Fuel Cap pressure testing required? | | ✓ | |
| a) Was Fuel Cap pressure testing performed? | | | ✓ |
| 6. Is this test a Re-check from a prior failure? | | ✓ | |
| a) Which re-check test is being performed? 1 2 3 (circle one) | | | ✓ |
| b) If this is re-check #3, was repair paperwork verified for waiver? | | | ✓ |
| New Castle and Kent Counties Only | | | |
| 7. Was Two-Speed Idle testing required? | ✓ | | |
| a) Was Two-Speed Idle testing performed? | ✓ | | |
| Sussex County Only | | | |
| 8. Was Curb Idle testing required? | | ✓ | |
| a) Was Curb Idle testing performed? | | | ✓ |
| Comment: | | | |
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Original 08/06/2009

DMV Lane Technician Observation Report

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|--|---------------------|-------------------------------------|-------------------------------------|
| DMV Technician: <u>TED KIBELZ</u> | | Position: <u>1</u> or 2 | |
| Station: <u>DOVER</u> | | Date: <u>7/25/12</u> | Time: <u>1315</u> |
| Vehicle Make: <u>CHEV</u> | | Model | Year <u>2006</u> |
| GVWR: | Fuel Type: <u>G</u> | Registration Number: <u>940550</u> | |
| Auditor: <u>Dosserr</u> | | <u>Covert</u> / Overt (circle one) | |
| | | YES | NO |
| 1. Did technician check vehicle paper work and verify VIN number? | | <input checked="" type="checkbox"/> | |
| 2. Was Emissions testing required? | | <input checked="" type="checkbox"/> | |
| a) Was Emissions testing performed using OBD? | | <input checked="" type="checkbox"/> | |
| b) Was Emissions testing performed using Analyzer Probe? | | | <input checked="" type="checkbox"/> |
| c) Was Emissions testing performed using Paddle(s)? | | | <input checked="" type="checkbox"/> |
| d) Was Emissions testing performed using Clip? | | | <input checked="" type="checkbox"/> |
| 3. Was Catalytic Converter inspection required? | | | <input checked="" type="checkbox"/> |
| a) Was Catalytic Converter inspection performed? | | | <input checked="" type="checkbox"/> |
| 4. Was Fuel Tank pressure testing required? | | | <input checked="" type="checkbox"/> |
| a) Was Fuel Tank pressure testing performed? | | | <input checked="" type="checkbox"/> |
| 5. Was Fuel Cap pressure testing required? | | | <input checked="" type="checkbox"/> |
| a) Was Fuel Cap pressure testing performed? | | | <input checked="" type="checkbox"/> |
| 6. Is this test a Re-check from a prior failure? | | | <input checked="" type="checkbox"/> |
| a) Which re-check test is being performed? 1 2 3 (circle one) | | | <input checked="" type="checkbox"/> |
| b) If this is re-check #3, was repair paperwork verified for waiver? | | | <input checked="" type="checkbox"/> |
| New Castle and Kent Counties Only | | | |
| 7. Was Two-Speed Idle testing required? | | | <input checked="" type="checkbox"/> |
| a) Was Two-Speed Idle testing performed? | | | <input checked="" type="checkbox"/> |
| Sussex County Only | | | |
| 8. Was Curb Idle testing required? | | | <input checked="" type="checkbox"/> |
| a) Was Curb Idle testing performed? | | | <input checked="" type="checkbox"/> |
| Comment: | | | |
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Original 08/06/2009

DMV Lane Technician Observation Report

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|--|----------------------|-------------------------------------|-------------------------------------|
| DMV Technician: <u>DAVE CONYERS</u> | | Position: 1 or <u>2</u> | |
| Station: <u>DOVER</u> | Date: <u>7/25/12</u> | Time: | |
| Vehicle Make: <u>FORD</u> | Model: <u>BRONCO</u> | Year: <u>1990</u> | |
| GVWR: <u>6300</u> | Fuel Type: <u>G</u> | Registration Number: | |
| Auditor: <u>DOSSER</u> | | <u>Covert</u> Overt (circle one) | |
| | | YES | NO |
| 1. Did technician check vehicle paper work and verify VIN number? | | <input checked="" type="checkbox"/> | |
| 2. Was Emissions testing required? | | | <input checked="" type="checkbox"/> |
| a) Was Emissions testing performed using OBD? | | | <input checked="" type="checkbox"/> |
| b) Was Emissions testing performed using Analyzer Probe? | | | <input checked="" type="checkbox"/> |
| c) Was Emissions testing performed using Paddle(s)? | | | <input checked="" type="checkbox"/> |
| d) Was Emissions testing performed using Clip? | | | <input checked="" type="checkbox"/> |
| 3. Was Catalytic Converter inspection required? | | | <input checked="" type="checkbox"/> |
| a) Was Catalytic Converter inspection performed? | | | <input checked="" type="checkbox"/> |
| 4. Was Fuel Tank pressure testing required? | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| a) Was Fuel Tank pressure testing performed? | | <input checked="" type="checkbox"/> | |
| 5. Was Fuel Cap pressure testing required? | | <input checked="" type="checkbox"/> | |
| a) Was Fuel Cap pressure testing performed? | | <input checked="" type="checkbox"/> | |
| 6. Is this test a Re-check from a prior failure? | | | <input checked="" type="checkbox"/> |
| a) Which re-check test is being performed? 1 2 3 (circle one) | | | <input checked="" type="checkbox"/> |
| b) If this is re-check #3, was repair paperwork verified for waiver? | | | <input checked="" type="checkbox"/> |
| New Castle and Kent Counties Only | | | <input checked="" type="checkbox"/> |
| 7. Was Two-Speed Idle testing required? | | | <input checked="" type="checkbox"/> |
| a) Was Two-Speed Idle testing performed? | | | <input checked="" type="checkbox"/> |
| Sussex County Only | | | |
| 8. Was Curb Idle testing required? | | | <input checked="" type="checkbox"/> |
| a) Was Curb Idle testing performed? | | | <input checked="" type="checkbox"/> |
| Comment: | | | |
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Original 08/06/2009